FARBER & CO.

ATTORNEYS, P.C.

Please Direct All Correspondence to
333 Hegenberger Road, Suite 504
Oakland, CA 94621

October 11, 2019

Via United States Mail

Mario Castro
Chubb Group Los Angeles
PO Box 42065
Phoenix, AZ 85080

Mr. James J. Goines
Colantoni Collins San Francisco
201 Spear St Ste 1100
San Francisco, CA 94105

Re: Jonathan Shockley v. Cardionet LLC
WCAB ADJ12031731
DOI CT 06/25/2018 - 02/15/2019
Claim No. 7173815490

Dear Sir or Madam:

Please be advised that our client hereby exercises his/her right of FREE CHOICE of medical care in accordance with Labor Code Section 4600. Applicant has chosen the following medical provider for treatment of the subject occupational injury:

Doctor : Babak Jamasbi
Address : 2000 Van Ness Avenue, Suite 402, San Francisco, CA 94109
Telephone : (510) 647-5101
Appointment : Pending

We have scheduled this injured worker for medical treatment with you in the capacity as a primary treating physician. The Applicant has claimed the following dates of injury and body parts for each respective injury.

1. **CT 02/15/2019: Hand, Wrist, Fingers, Arm, Arm, Upper Ext**

The applicant is specifically requesting a Med-Legal consultation and that the physician prepare a narrative consultation report giving substantially more elaboration of medical information beyond that required by Title 8 of the California Code of Regulations; Rule 9785 "Reporting Duties of the Primary Treating Physician" which states the following:

> "The primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation in the manner prescribed in subdivisions (e), (f), and (g) of this section."

You are required to comment on all body parts claimed and all body parts that the applicant complains of in person to you at the first visit. Even if approved, we understand that the workers' compensation insurance carrier and/or third party administrator may not authorize you to treat all of the body parts, but rather to only treat those body parts they admit liability. However, this does not obviate you of your duty to report on everything that is claimed. If you do not comment with regard to the causation of injury of these Body Parts and their need for treatment in your initial reporting, you may be subject to a complaint being filed with the administrative director of the division of industrial accidents.

More specifically, the applicant is requesting the physician to please comment, if necessary, concerning the appropriateness of all previously recommended treatment, and whether or not there exists any non-industrial conditions that are required to be appropriately managed to cure and/or relieve from the effects of the industrial injury. The applicant requests that the physician address the issue of causation of the injury.

Further, should the physician initiate treatment of this patient, the applicant requests that the physician supplement the routine Attending Physician's Reports with periodic consultative narrative reports at times as such would be advisable for purposes of clarifications and/or elaboration of information beyond that which could be reasonably be provided in the required brief form reports. Additionally, it is requested that the physician provide a complete narrative consult report discussing all the issues when the patient
becomes permanent and stationary. Please be advised that any waiver of LC §4903.1 (b) or personal guarantee of payment made by Applicant for medical costs incurred in treatment of the workplace injury described herein is effectively recanted and nullified. Under no circumstance will you be able to collect from the Applicant or this office.

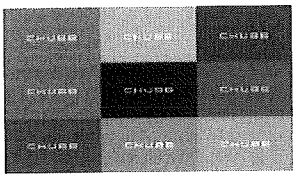
FARBER & CO.

ATTORNEYS, P.C.

It is requested that all reports be served onto the insurance carrier, defence attorney and to our office in a timely manner.

Very truly yours,
FARBER & COMPANY ATTORNEYS, P.C.

Zachary Kweller, Esq.
ZK/mg



CHUBB®

Mailing & Billing Address: P.O. Box 42065, Phoenix, AZ 85027
Tel: (213) 612-0880 Toll Free: (800) 262-4459 Fax: (800) 664-1765

October 13, 2019

Babak Jamasbi
2000 Van Ness Avenue, Suite 402
San Francisco, CA 94109

Re: Employee: Jonathan Shockley
Employer: Biotelemetry Inc
D/Injury: 02/15/2019
Claim No.: 040519008736

To Whom It May Concern:

Please let this serve as authorization for evaluation and treatment with Dr. Babak Jamasbi for injury sustained on CT 6/25/2018 – 2/15/2019 to injured workers' right and left hands, wrists and forearms.

We ask that you send a copy of this patient's treatment records via fax: 800-664-1765 and **FAX ALL UTILIZATION REVIEW TREATMENT REQUESTS TO 213-612-5785.**

Please comply with Labor Code Regulation 9785 and provide reports outlining your treatment plan and prognosis every 30 to 45 days.

Please utilize the following PPO Services to expedite service and payment:
To find a Medical Provider, **CorVel MPN**: www.corvel.com
DME, Home Health & Home, **IV Home Care Connect 855-223-2228**
Pharmacy, **myMatrixx/Express Scripts: 866-672-2482**
Radiology and Neurological Testing, **MIS 800-894-4674**
Therapy (PT, OT, Chiro, etc.), **One Call Care 866-389-0211**
Translation/ Transportation, **Executive Linguist 800-522-2320**

Should there be any questions, I can be reached at 213-612-5378

Mario A. Castro
Senior Claims Examiner
Workers' Compensation Claims
PO BOX 42065Phoenix, AZ 85080

Cc: Farber & Co via fax at 866-819-6169

Case Demographic Sheet

Shockley, Jonathan

Internal File Number:	4445
Venue:	OAK
Attorney Responsible:	Zachary Kweller

Injured Worker / Applicant

Name:	Jonathan Shockley
Address:	1000 Sutter Street - Room 123 San Francisco, CA 94109
Phone Number:	415-312-4029
Social Security Number:	217-25-7160
Date of Birth:	09/27/1978
Language:	English

Injury Information

Date of Injury:	CT 02/15/2019
WCAB Number:	ADJ12031731
Injured Body Parts:	Hand, Wrist, Fingers, Arm, Arm, Upper Ext
Claim Number:	7173815490

Insurance Carrier

Adjuster:	Mario Castro
Address:	Chubb Group Los Angeles PO Box 42065 Phoenix, AZ 85080
Phone Number:	2136125378
Fax:	623-580-7072
Email:	

Employer

Name:	Cardionet LLC
Address:	1000 Cedar Hollow Road Malvern, PA 19355
Phone Number:	610-729-5342

Defense Attorney

Attorney Name:	James J. Goines
Firm:	Colantoni Collins San Francisco
Address:	201 Spear St Ste 1100 San Francisco, CA 94105
Phone Number:	(855) 396-1220

Applicant Attorney

Attorney Name:	Zachary Kweller
Firm:	Farber and Co Attorneys
Address:	333 Hegenberger Rd. Ste 504 Oakland, CA 94621
Phone Number:	510-444-2512

The Hand Center of San Francisco, Inc

Kyle D Bickel, MD **Patrick O Lang, MD**

Hand and Wrist Surgery Upper Extremity Reconstruction Microsurgery Reconstructive Surgery

2019-03-01

Chubb/Wc
Po Box 42065
Phoenix, AZ 85080

RE:	Jonathan Shockley
Employer:	Biotelemetry
DOI:	02/16/2019
Claim #:	7173815490

HAND SURGERY CONSULTATION

Dear Ladies and Gentlemen:

I saw this patient today for evaluation of his bilateral hand, wrist, and forearm pain. Thank you for the referral.

HISTORY OF INJURY This patient is a 40-year-old right-hand-dominant electrocardiogram technician who reports a several month history of worsening bilateral hand, wrist, and forearm pain. He reports that his job requires very intense and prolonged use of a computer and mouse. The symptoms arose in the setting of at work. He does not recall any other specific history of trauma.

CURRENT SUBJECTIVE COMPLAINTS The patient reports vague and diffuse bilateral hand, wrist, and forearm pain.

PREVIOUS WORK/INJURY HISTORY The patient reports a prior Achilles tendon injury.

PAST MEDICAL HISTORY Patient denies any significant past medical history. Surgical history includes removal of a bone spur from the foot and two prior Achilles tendon operations. Medications include aspirin and Advil as needed. He has no known drug allergies.

SOCIAL HISTORY The patient works as an electrocardiogram technician but does extensive data analysis on a computer. He previously worked as a ballet dancer. He does not smoke. He does not drink alcohol.

601 Van Ness Ave Suite 2018 San Francisco CA 94102
Tel: 415.751.HAND (4263) Fax: 415.359.1925 email admin@sfhand.com
www.sfhand.com

Patient Name Shockley, Jonathan
Date of Visit 2019-03-01
Page **2** of **2**

PHYSICAL EXAM Vital signs SPO2 100%, blood pressure 116/59, heart rate 61, respiratory 12, temperature 96.7.

Examination of the bilateral upper extremities reveals no deformity. Tinel's sign in the ulnar nerve at the elbow is negative bilaterally. Forearm compartments are soft and nontender to palpation bilaterally. Finkelstein's test is negative bilaterally. Watson's test is negative bilaterally. Wrist and digital range of motion are normal bilaterally. There is no A1 pulley tenderness or triggering throughout either hand. Sensation is grossly intact distally bilaterally.

IMPRESSION 40-year-old man with bilateral upper extremity repetitive strain injury.

TREATMENT RECOMMENDATIONS I had a lengthy discussion with the patient regarding his diagnosis of repetitive strain injury. The symptoms are undoubtedly related to his work on a computer. I recommended he begin working with an occupational hand therapist on a repetitive strain protocol. I also talked with him about optimizing his computer workstation ergonomics and using dictation software is much as possible. All questions are answered. I can see him back in 6-8 weeks to reassess his symptoms.

Thank you again for the referral. Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.
Cal Lic #A106890
POL/ja
ELECTRONICALLY SIGNED BY PATRICK O LANG, MD

Executed at San Francisco, CA. Date: 3/5/2019 6:42:42 AM
I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3

601 Van Ness Ave Suite 2018 San Francisco CA 94102
Tel: 415.751.HAND (4263) Fax: 415.359.1925 email admin@sfhand.com
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The Hand Center of San Francisco, Inc

Kyle D Bickel, MD **Patrick O Lang, MD**

Hand and Wrist Surgery Upper Extremity Reconstruction Microsurgery Reconstructive Surgery

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State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

X New Request ☐ Resubmission – Change in Material Facts
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): Jonathan Shockley	
Date of Injury (MM/DD/YYYY): 02/16/2019	Date of Birth (MM/DD/YYYY): 1978-09-27
Claim Number: 7173815490	Employer: Biotelemetry

Requesting Physician Information

Name: Patrick O Lang, MD		
Practice Name: The Hand Center of San Francisco	Contact Name: Kim	
Address: 601 Van Ness Ave. #2018	City: San Francisco	State: CA
Zip Code: 94102	Phone: 415-751-4263	Fax Number: 415-359-1925
Specialty: Hand Surgery	NPI Number: 1194966416	
E-mail Address: admin@sfhand.com		

Claims Administrator Information

Company Name: CHUBB/WC	Contact Name: Maria Neish	
Address: PO BOX 42065	City: PHOENIX	State: AZ
Zip Code: 85080	Phone: 925-598-6030	Fax Number: 213-612-5785
E-mail Address:		

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Bilateral RSI	M79.641	Hand Therapy, Evaluation and treatment	97003, 97530, 97110, 97112	2x per week, for 6 weeks, total of 12 visits Facility: Golden Gate Hand Therapy TIN: 54-2192724 fax 415-447-3868 ph 415-359-1444

Requesting Physician Signature: Date:3/5/19

Claims Administrator/Utilization Review Organization (URO) Response

Authorization Number (if assigned):		Date:	
Authorized Agent Name:		Signature:	
Phone:	Fax Number:	E-mail Address:	
Comments:			

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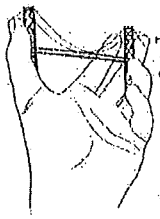

The Hand Center
of San Francisco
401 Van Ness Ave. Suite 2018
San Francisco, CA 94102
Tel: 415.751.HAND (4263)
Fax: 415.359.1925

☐ Kyle D Bickel, MD
☒ Patrick O Lang, MD

HAND THERAPY PRESCRIPTION

Patient: Shockley, Jonathan Date: 3/1/19

Diagnosis: Bilateral RSI

Date of Onset/Surgery: / /

Treatment:

Splinting: R/L:

Treatments/Modalities: RSI protocol

☐ ROM
☐ Active
☐ Passive

☐ Edema Control
☐ Wound Care
☐ Massage

☐ Ultrasound
☐ Iontopheresis
☐ Warm/Cold
☐ Icing
☐ Paraffin Bath
☐ Other

☐ Scar/Soft Tissue
☐ Myofascial

☐ Flexor Tendon Rehabilitation
☐ Duran
☐ Kleinert

☐ Extensor Tendon Rehabilitation
☐ Nerve Gliding Exercises. Nerve:
☐ Desensitization
☐ Sensory Re-Education
☐ Strengthening
☐ Sensory Testing/Mapping
☐ Home Exercise Program (HEP)

Precautions/Restriction:

Frequency: 1 to 3-5 x per week, for 6 weeks.

Signature:

UAN: Farber Oakland
ERN: 7912453
Ruben Amezquita
(510) 444 – 2512 x 130
Ruben.amezquita@farberandco.com

PROOF OF SERVICE BY MAIL

I, the undersigned, am employed in the County of Alameda; I am over 18 years of age, and I am not a party to the within action; my business address is: Farber & Company Attorneys, P.C., 333 Hegenberger Road Suite 504, Oakland, CA. On October 11, 2019 I served the within:

PTP DESIGNATION LETTER

on the parties listed below in said action by placing a true and correct copy thereof in a sealed envelope with the required postage therein, fully prepaid, for collection and mailing on the date and at the place shown below following ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that this correspondence was placed for collection and mailing, it was deposited in the ordinary course of business in a sealed envelope with postage fully prepaid and deposited in the United States mail at Oakland, CA, addressed as follows:

Chubb Group Los Angeles
PO Box 42065
Phoenix, AZ 85080

Mr. James J. Goines
Colantoni Collins San Francisco
201 Spear St Ste 1100
San Francisco, CA 94105

Dr. Babak Jamasbi
2000 Van Ness Avenue, Suite 402
San Francisco, CA 94109

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on October 11, 2019 at Oakland, CA.

Maria Gaytan